

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
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49		1				
50		1				
TOTAL DEP.	2		↓		↓	↓
TOTAL DEP.	22	←	←	←	←	←
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL DEP.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						

BEST AVAILABLE COPY